The Beacon Series Application

1 Places print legibly Complete SECTION	ONC 1 7 and sign th	o application							
1. Please print legibly. Complete SECTION Last Name:	JIVO 1 - 7 and sign th	е аррисацоп	Eire	st Name:		MI:			
Last Name: Complete MailingAddress for correspondence:				untry of zenship:		Start Date of			
Daytime Telephone: Note: The primary insured will be Beneficiary for spouse & dependent children on this Application, if not otherwise indicated.				untries to be visited:		Date of Departure(M/D/Y):			
						End Date of	Coverage (M/D)/Y):	
				mary Applicant's Pa N, or Driver's Licens					
If you require your Fulfillment Kit to be				ase provide an E-m ail is required for ex		ż.			
mailed to you, please check here:					g coverage				
2. Select Maximum Limit			3.	Select Coverage					
\$ 60,000.00 \$ 110,000.00	\$ 550,000.00			Travel To Exc	lude US				
				Traval Ta Inal	uda IIC				
		:+ 00 · \		Travel To Incl	ude US				
(NOTE: \$50,000 Maximum Limit 70-79, \$	12,000 Maximum Lin	11(80+)					Optional		
4. Please list names of all persons to be (Last Name, First Name, MI)	Insured.	Date of Birth M/D/Y	Sex M/F	Daily Rate	Number of Days	Premium Sub Total	Sports Rider Enter 1.3	Premium Total	
В									
С									
D E									
							Total (A)	\$	
5. Please Select a Deductible			6.	Please enter inform	mation from Sec	tions 4 and 5			
Deductible Rate Factor				Premium Total (A) from Section 4:					
\$ 0.00	\$ 100.00	1.10		Deductible Rate Factor from Section 5: x					
\$ 250.00 1.00	\$ 500.00	0.90		Enter Total Here: =					
\$ 1,000.00	\$ 2,500.00	0.70	On	Optional Express Mail: US \$25 NON-US \$35 +					
			9,	TOTAL AMOUNT DUE: \$					
7. Payment Method Cheque/Money Order Visa Card Master Card Discover Card				All payments must be made in U.S. dollars. Please make checks and money orders payable to Azimuth Risk Solutions. If paying by creditcard, I authorize Azimuth Risk Solutions to debit my Visa card, MasterCard, American Express card, or Discover card account for the totalamount due as specified on the Application. Coverage purchased by credit card is subject to validation and acceptance by the credit cardcompany. I understand that coverage will not be effective if the credit card company denies the charge. Note: On American Expresscards, the CSC is a 4 digit number printed on the front above the account number. On all other cards, it is a 3 digit value printed on the signature panel on the back of the card immediately following the account number, or a portion of the account number.					
Credit Card Number :				piration Date:	TOT THE GOODAIN		y Code (CSC):		
Billing Address :			Na	me as it appears on	card:	Signature:			
8. Agent/Broker Information									
_			Azi	Azimuth Agent ID: 60023f7d					
Company Name & Address: YL Brokerage Corp,			25	25 Robert Pitt Dr. Monsey , New York					
Phone: 845-26-22464	Fax: 845-262-2468			Email: moshey@ylbrokerage.com Website:					
I hereby apply for membership in the certain Underwriters at Lloyd's. I und sudden and unexpected event while certification Requirement and otherre online and will not be effective unless summary of benefits and that I may of at Lloyd's, as underwriter of the plan approved, non-admitted insurer in all s not be made against any state guarar of the Applicant. If signed by a reprivapplicant, the undersigned warrants hauthority of the signer to so actand bir	erstand that the ins traveling outside n strictions and exclusuch transaction is otain a complete cop, is solely liable for states of the United that fund. I understan esentative of the Alis/her capacity to so	urance applied for ny Home Countresions. I understant confirmed in writt by of the Master Fathe coverage and States except Illir d and agree that oplicant, the und	or is not y. I und that ing by A Policy up d benefacis and the insiersigned	a general health lerstand this insulif I am eligible for zimuth Risk Solution request to Azints provided unde Kentucky where turance agent/brokid warrantshis/her	insurance polic rance contains ran extension cions. I understa muth Risk Solut rathis insurance they are admitted ter, if any, assis capacity to so	y, but is intended a Pre-existing of this insurance and that theinfornions. I understanded. As such, claiting with this Apact. If signed a	ed for use in a Condition except, it may only mation contain that Certain that Lloyd's owns under this oplication is a guardian o	the event of a clusion, a Pre- be transacted herein is a n Underwriters perates as an insurancemay representative r proxy of the	
SignatureX:			Da	ate (M/D/Y):					

BEACON SERIES RATES

BEACON AMERICA RATES- (Non-US Citizens Traveling to the US)

Maximum Limit COMPANY	\$60,000 AZIMUTH	\$110,000 AZIMUTH	\$550,000 AZIMUTH	\$1,100,000 AZIMUTH
Age	Daily	Daily	Daily	Daily
18-29	\$1.37	\$1.70	\$2.41	\$2.63
30-39	\$1.81	\$2.29	\$2.84	\$3.33
40-49	\$2.70	\$3.29	\$4.41	\$4.88
50-59	\$3.96	\$5.05	\$6.22	\$7.17
60-64	\$4.96	\$6.44	\$7.72	\$9.20
65-69	\$5.73	\$7.49	\$8.44	\$10.14
70-79*	\$7.94	N/A	N/A	N/A
80+**	\$13.50	N/A	N/A	N/A
Dep. Child	\$1.27	\$1.55	\$1.98	\$2.20
Child Alone	\$1.36	\$1.71	\$2.20	\$2.48

^{*\$50,000} Maximum Limit **\$12,000 Maximum Limit

BEACON INTERNATIONAL RATES- (Travel outside the US)

Maximum Limit	\$60,000	\$110,000	\$550,000	\$1,100,000	\$2,000,000
COMPANY	AZIMUTH	AZIMUTH	AZIMUTH	AZIMUTH	AZIMUTH
Age	Daily	Daily	Daily	Daily	Daily
18-29	\$0.84	\$1.05	\$1.21	\$1.30	\$1.81
30-39	\$1.00	\$1.19	\$1.48	\$1.53	\$2.41
40-49	\$1.65	\$1.98	\$2.16	\$2.20	\$3.29
50-59	\$2.86	\$3.33	\$3.39	\$3.47	\$5.09
60-64	\$3.58	\$3.96	\$5.13	\$5.24	\$6.89
65-69	\$4.28	\$4.69	\$5.43	\$5.62	\$8.22
70-79*	\$6.34	N/A	N/A	N/A	N/A
80+**	\$11.85	N/A	N/A	N/A	N/A
Dep. Child	\$0.77	\$0.93	\$1.10	\$1.21	\$1.38
Child Alone	\$0.86	\$1.05	\$1.21	\$1.43	\$1.76

^{*\$50,000} Maximum Limit **\$12,000 Maximum Limit

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